

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10504194

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		2		2		
3		2		2		
4		2		2		
5		2		2		
6		2		2		
7		2		2		
8		2		2		
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12		2		2		
13		2		2		
14		2		2		
15		2		2		
16		2		2		
17	1		1			
18		1		1		
19	1		1			
20		1		1		
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TOTAL IND.	4	↓	3	↓		↓
TOTAL DEP.	16	←	23	←		←
TOTAL CLAIMS	20		26			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						